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Chambers



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SPONTANEOUS DISLOCATION OF BOTH CRYSTAL- LINE LENSES INTO THE ANTERIOR CHAMBERS.

THE following interesting case of dislocation of each crystalline lens into the anterior chamber came recently to my wards in the Philadelphia Hospital. From the left eye I succeeded in extracting the lens. The right eye was entirely blind, very painful, and was consequently enucleated.

Ellen C., æt. 48, married when she was 28 years old, and had one child born seven years later. The patient, except for the ordinary exanthemata of childhood, had never been sick in bed, had worked hard all her life at washing, and had been occasionally troubled with rheumatic pains in the shoulders and limbs. From early childhood she was near-sighted; her mother was also myopic; a father, two brothers, and one sister had good sight. Five years ago, while walking along the street during a thunder shower, a sudden flash of lightning greatly startled her; immediately afterwards phosphenes appeared before her eyes, chiefly in the form of round colored rings, succeeded in a short time by "a scum which gradually grew thicker" until sight was obliterated, and her husband noted "a white substance in front of her eye." The eye was painful, red and watery, but gradually quieted down and ceased to be troublesome, although no sight returned to it. The left eye had served her a useful purpose, except for the inconvenience of myopia, until about six months ago when the vision distinctly depreciated, and two weeks before her admission to the Hospital, while stooping over to tie her shoe, and suddenly raising her head the sight was instantly extinguished. She came to the Hospital January 30, 1889, and the following conditions were revealed by the examination:—

Right eye. A large eyeball, tension + 2; coarse injection of the posterior conjunctival vessels with distention of the anterior perforating arteries; the entire cornea roughened and hazy, except a small margin above which was still transparent. Upon turning the eye strongly downward the somewhat shrunken and opaque lens was seen lying in the bottom of the anterior chamber; no view of the deeper structures of the eye was possible.

Left eye. The eyeball was prominent, the conjunctival and episcleral vessels were densely injected, while scalding tears bathed the surface of the globe, and severe pain shot through it and the brow and temple. The cornea was transparent, and lying in the bottom of the anterior chamber against the posterior surface of the cornea, the lens was clearly seen.

The patient was put to bed, directed to lie on her back, and cocaine and atropia were instilled into the eyes. On the following morning both lenses had slipped back into the vitreous chambers, and sight, sufficient to discern the objects in the room, was restored to the left eye, which presented in its interior, as far as such examination was possible, the changes incident to a high myopia. A few days later after permission had been given to leave her bed, and while performing some slight ward work, the lenses again appeared in the anterior chambers. Again the patient was put to bed on her back, with the result that, in a few hours, they returned into the vitreous bodies. A third time, after getting out of bed and doing a little sweeping, the lenses re-appeared in the anterior chambers. An operation was now suggested to the patient, to which she consented on the condition that ether should be administered. Accordingly, after the instillation of a solution of eserine in the hope of



contracting the iris behind the lens, and thus forbidding its disappearance into the vitreous humor, she was seated upright in bed, propped up by a number of pillows, her head bent forward, and the anæsthetic administered in this position. She fortunately took the ether most kindly, without struggling, and when fully anæsthetized, an incision was made with a Graefe cataract knife in the lower corneo-scleral junction and an attempt made to deliver the lens with a Daviel spoon. This not proving quickly successful, a wire loop was substituted and introduced behind the lens, which had in the mean time turned slightly on its axis and partially protruded backwards through the pupillary space, and it was delivered safely with the loss of only a few drops of vitreous. Scrupulous antiseptic precautions were followed during the operation. No vomiting occurred after the ether, and a compress bandage, which had at first been adjusted with unusual firmness, but was in a few hours loosened, was applied, and a dose of morphia and bromide of potash administered.

During the night the patient complained somewhat of pain in the head of a shooting character, but on the following day was quiet, and an examination of the eye externally showed no swelling or apparent reaction. The case went on to good healing with one troublesome complication—an aggravated spasmodic entropium. This, together with the pain which was constantly present in the blind eye of the opposite side, led to an enucleation of the latter, and to the removal of a strip of skin and orbicularis muscle from the lower lid of the former, with the result of entirely relieving the inversion and the constant lachrymation. After all redness had passed away, an ophthalmoscopic examination showed an irregularly oval disc surrounded by a huge atrophic conus, and scattered through the eye-ground numerous patches of choroido-retinitis. In spite of this the sight was useful, $\frac{10}{6}$, the removal of the lens having apparently neutralized the former myopia as no glass increased the acuity of vision. The enucleated eye has not yet been subjected to a microscopic examination, the results of which, when it is made, will be detailed in a future memorandum.

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